PTO/SE/06 (08-03)
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Substitute for Form PTO-875						10	166	15:3
CLAIMS AS FILED - PART I (Column 1) (Column 2)				SMALL ENTITY		OR	OTHER THAN SMALL ENTITY	
FOR MUNISER FRLED MUNISER EXTRA			RATE	FEE		RATE	FEE	
BASICFEE					•	OR		1200
TOTAL CLAMS	28 minus 20	- 8		×6•		OR	× • •	144
GT GFR 1.15(N) BEDEPENDENT CLAMS	Ü. minus 3	1. 1		×8•		OR	×5•	860
(37 CFR 1.16(0)) MILITPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(0))				+5=		OR	+5	
				TOTAL		· OR	TOTAL	11500
If the difference in continue 1 is less than 2010, enter of the continue 2								
OTHER THAN								
(B) Fi	(Coturen 1)	(Column 2)	(Cotunta 3)	SMALL E	NTITY	OR		ENTITY
4 5	CLAIMS : REMAINING : AFTER . !	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADDI- TIONAL FEE		RATE .	ADDF TIONAL FEE
Total	25: Minus	- 28x	· (X)	xs		OR-	×4•	
Total Strong cardinates Cardinate	11 Minus	- 1	•	X 8		OR	x 8=	
THIST PRESENTATION OF INATIVAL DEPENDENT CLAIM (27 OFR 1.18(2)				+: •		OR	+3	
1				TOTAL ADD'L FEE		CIR	TOTAL ADD'L FEE	4
OG 13 O Cohumn 1) (Cohumn 2) (Cohumn 3)							,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
	(Column 1)	(Column 2) HIGHEST	(Column 3)			1		1001
E I	REMAINING AFTER AMENIDMENT	NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADOI- TIONAL FEE		RATE	ADDI- TICHAL FEE
COOR LINES	281 Minus	-2X	.0	x 8		OR	x 8	
MA CALCALLAND CO. PROPERTY OF CO. CALCALLAND CO. CA	L . Minus	- U	0	x 3		OR.	×8	
ENTERPRESENTATION OF MALTIPLE DEPENDENT CLAIM (AT CFR 1.19(4))				+5=		OR	10_0	
				TOTAL ADD'L FEE		OR	ADOL FEE	B
(Cotumn 1) (Cotumn 2) (Cotumn 3)								
2 19/18/06	CLAIMS REMAINING AFTER	HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT EXTRA	RATE	ADOI- TIONAL FEE		RATE `	ADOI- TIONAL FEE
Total	29. Minus	23.	1-1	X8		OR.	× = _ •	50.00
Total product: cp cira s separ.	C/: Mirrus	" 4	• ()	x \$=		OR	x 8=	
SDSTOPESENTATION OF MULTIPLE DESCRIPTION CLAIM OF CFR 1.1840)				+5 =		OR	• ; •	
				TOTAL ADD'L FEE		OR	TOTAL ADD'L FEE	50,00
h autum 4 to have then then the order in column 2 write W in column 3.								
If the Chaptest Humber Previously Paid For' IN THIS SPACE is less than 20, enter "20". If the Chaptest Humber Previously Paid For' IN THIS SPACE is less than 2, enter "20". If the Chaptest Humber Previously Paid For' IN THIS SPACE is less than 2, enter "20". If the Chaptest Humber Previously Paid For' In This SPACE is less than 2, enter "20".								

The "Highest Number Proviously Paid For" (Total or independent) is the highest number found in the appropriate box in column 1.

The "Highest Number Proviously Paid For" (Total or independent) is the highest number found in the appropriate box in column 1.

This opticion of information is required by 3T CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the This opticion) is estimated to take 12 minutes to complete, USFTO is presently, and submitting the completed application form to the USFTO. Then will vary depending upon the individual case. Any comments in the united patheting preparing, and submitting the completed application for medicing this burden, should be sent to the Chief Information Officer, U.S. Patent on the appound of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent on the appound of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent on the appound of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent on the U.S. Department of Commence, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS and The Information of the U.S. Department of Commence, P.O. Box 1450, Alexandria, VA 22313-1450.

If you need sentence in completing the form, call 1-800-PTO-9199 and select option 2.

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